


Mahone

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>E. Strickland</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery <i>1-18-07</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<div style="text-align: center;">  </div>			
Experian Information Solutions, Inc. The Corporation Company 2000 Interstate Park Drive, Suite 204 Montgomery, AL 36109-5420		Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<i>2:07cv41-MEF</i> <i>Comp/Summ 20 Sep</i>		7005 1160 0004 3935 8675	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	